

FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

10/003553

CLA

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6	1					
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50						
TOTAL IND.	3					
TOTAL DEP.	10					
TOTAL CLAIMS	12					

	IND.		DEP.		IND.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY